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FORM D

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NOV 17: 2006

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• UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
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	080/2
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	08049285
IPS Twin Lakes Fund, LLC	
Filing Under (Check box(es) that apply):	(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
IPS Twin Lakes Fund, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
1871 Folsom Street, Boulder, Colorado 80302	303-441-2033
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices) same	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSE
real estate investment	
	DEC 0 4 2006
Type of Business Organization	
	(please specify): THOMSON
business trust limited partnership, to be formed	Limited Liability MANGERLY
Month Year	The state of the s
	timated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St	
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new fiting must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

l of 9

		<u> </u>		A. BASIC IDE	ENTU	FICATION DATA				
2. Enter the	information re	equested for the fol	llowin	g:						
• Eac	h promoter of t	the issuer, if the iss	uer h	as been organized w	ithin 1	the past five years;				
• Eac	h beneficial ow	ner having the pow	er to v	ote or dispose, or dis	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Eac	h executive off	icer and director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
• Eac	h general and r	nanaging partner o	f part	nership issuers.						
					_	F		Dinastan		Ganaral and/or
Check Box(es) that Apply:	Promoter	Li	Beneficial Owner		Executive Officer	Ц	Director	Ø	General and/or Managing Partner
	nst name first, i ikes Manage									
		ss (Number and ilder, Colorado 8		t, City, State, Zip Co	ode)			_		
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (La Jack Gindi	ast name first, i	f individual)								
Business or Re	esidence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
1871 Folsom	Street, Boul	der, Colorado 80	302							
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (La Andreas Ch	ist name first, i izzali	f individual)								
		ess (Number and Ider, Colorado 8		t, City, State, Zip Co	ode)					
Check Box(es)) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (La	est name first, i	f individual)								
Business or Re	esidence Addre	ss (Number and	Stree	l, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (La	ist name first, i	f individual)								
Business or Re	esidence Addre	ss (Number and	Stree	ı, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (La	ist name first, i	f individual)								
Business or Re	esidence Addre	ss (Number and	Stree	, City, State, Zip Co	ode)					
Check Box(es)) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (La	ast name first, i	f individual)								
Business or Re	esidence Addre	ss (Number and	Stree	, City, State, Zip Co	ode)					
·		(Use bla	nk sh	eet, or copy and use	additi	ional copies of this s	heet, a	as necessary	/)	

				' В.	INFORMA'	TION ABO	UT OFFER	lING	 .			
1. Has t	he issuer so	ld, or does	the issuer	intend to s	ell, to non-	accredited	investors	in this offe	ring?		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							<u>~</u>					
2. What is the minimum investment that will be accepted from any individual?								\$_100,000.00				
3. Does	the offering	, permit joi	nt ownersh	nip of a sin	gle unit?	******	********			******************	Yes	No
comm If a pe or stat	nission or sir erson to be li	nilar remun isted is an a name of the	eration for ssociated p broker or d	solicitation erson or ag lealer. If m	n of purcha: ent of a bro lore than fiv	sers in conr ker or deal /e (5) perso	nection with or registere ons to be lis	h sales of se ed with the s sted are asse	curities in SEC and/o	directly, any the offering. r with a state rsons of such	_	
Full Name None	(Last name	first, if inc	lividual)							·		
Business o	r Residence	Address (Number an	d Street, C	ity, State,	Zip Code)			•		, <u></u>	
Name of A	ssociated B	roker or D	ealer	-	•							
				 .								
	hich Perso							,				
(Chec	K All State	s or eneck	individua	i States)	******	***************************************	************	****************	***************************************	***************************************	AI	II States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)				_					
Business o	r Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler				- 1 •			<u>,, = (</u>		
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	c "All State:	s" or check	individual	States)	*****************		***************************************				☐ AI	l States
AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	MO PA PR
Full Name ((Last name	first, if ind	ividual)					· <u> </u>			,	
Business of	r Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)	· -					
Name of As	sociated Br	oker or De	aler	<u> </u>		 -						•
tates in W	hich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers				 		
	"All States						••••		*************			States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١,	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chee this box \(\) and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k d	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	. \$	\$ 0.00
	Equity	\$ 600,000.00	\$ 0.00
	Convertible Securities (including warrants)	s 0.00	0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 0.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	0	<u>\$ 0.00</u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	_	\$
	Regulation A		_
	Rule 504		_
	Total		s 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e	3_0.00
	Transfer Agent's Fees		
	Printing and Engraving Costs		
	Legal Fees		¬ \$
	Accounting Fees	_	2,500.00
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)	[\$
	Total		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	·· _
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$597,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$
	Purchase of real estate	5 0.00	<u></u> \$
	Purchase, rental or leasing and installation of machinery and equipment	\$ 0.00	\$
	Construction or leasing of plant buildings and facilities		s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$ <u></u> 0.00	
	Repayment of indebtedness	∑ \$_597,500.00	s
	Working capital		\$
	Other (specify):	\$	<u></u> \$
		\$	\$
	Column Totals	\$ 597,500.00	\$_0.00
	Total Payments Listed (column totals added)	□ \$ <u></u> 59	97,500.00
	D. FEDERAL SIGNATURE		
igi	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
SSI	uer (Print or Type) Signature	Date	·
IP:	S Twin Lakes Fund, LLC	11-9-06	
ما	me of Signer (Print or Type) Title of Signer (Print or Type)		
N d	k Gindi / Pres. Morton Edwards Management, Inc. as i	manager of IPS,	

----- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)